

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	213	6/30/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	71531	7/6/00
FORMALITY REVIEW			9.18.01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 II ..... Allowed  
 (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim		Date	
Final	Original		
1	✓	6-26-99	✓
2	✓	6-21-99	✓
3	✓	5-17-99	✓
4	✓	12-13-00	✓
5	✓	6-27-01	✓
6	✓		✓
7	✓		✓
8	✓		✓
9	✓		✓
10	✓		✓
11	N		N
12	N		N
13	✓		✓
14	✓		✓
15	✓		✓
16	✓		✓
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Claim		Date	
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Claim		Date	
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If more than 150 claims or 10 actions  
staple additional sheet here